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School of Public Health

FALL 2007

Looking for Clues
to Gulf War Illness
The Future of Disability



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BOSTON UNIVERSITY SCHOOL OF PUBLIC HEALTH

health sphere

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Produced by Boston University Office of Creative Services

Photography: Boston University Photo Services
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:: from the Dean

At Boston University School of Public Health, we focus expressly on the disadvantaged, underserved, and vulnerable as we work to improve the health of populations locally and around the world. While it is often the urban and rural poor and racial and ethnic minorities that come to mind first when one thinks of these groups, there is another population in the United States—the disabled—that is vulnerable, underserved, and disadvantaged, and that population is expanding at an alarming rate. Today, 40 to 50 million people in the United States are physically or mentally handicapped, and the number of Americans with disabilities will skyrocket in the next three decades as the effects of aging and obesity take their toll on the baby boomer generation.

As a field focused on prevention, public health has made significant strides in improving health through anti-tobacco campaigns, efforts to make cars safer, and legislation and education to reduce alcohol-related traffic deaths and injuries. But unfortunately, we have had less success in curbing obesity, a major contributor to disability. As a rheumatologist, I am acutely aware of the relationship between obesity and osteoarthritis and of that disease's crippling effects on physical function. Thus I clearly recognize that public health must do a much better job of preventing and managing disability in the years ahead, while at the same time preparing society for the coming wave of disabled people who will need special health and handicapped access considerations.

"The Future of Disability in America," a 2007 report of an Institute of Medicine panel chaired by Alan M. Jette, BUSPH professor of health policy and management (see story, page 6), is a significant contribution to this effort. The comprehensive report spells out not only the magnitude of disability that we can expect to see as a society, but how we must do better at preparing to address it and in living up to the promise of the Americans with Disabilities Act, passed in 1990.

Two research groups at BUSPH focus on disability and help shape the nation's and our School's approach to these issues. The Health and Disability Research Institute (HDR), directed by Alan Jette, conducts funded research and provides education and training in the area of health and disability and also offers health promotion programs. The Health and Disability Working Group (HDWG), directed by Carol Tobias, assistant professor of Health Policy and Management, primarily focuses on service delivery for the disabled, especially for low-income and disenfranchised populations.

It is another often vulnerable and underserved group—veterans—who may help to advance the issue of disability for the nation. The thousands of soldiers disabled in Iraq and Afghanistan and returning to civilian life will be visible and hard to ignore. BUSPH has a special interest in the health of veterans since we are the only school of any type in the nation that has been awarded two Centers of Research Excellence by the VA; one a health services research center at the Bedford VA and the other a health management research center at the Boston VA. I sincerely hope that in addressing the needs of veterans, BUSPH faculty can help policy makers think more broadly about the nation's need to prevent disability while also addressing it as an increasingly prevalent and serious public health issue.

Robert F. Meenan, MD, MPH, MBA

Dean



By Theresa Pease

Looking for Clues to Gulf War Illness

Veterans' Symptoms Point to Environmental Exposure



Photo: Associated Press

For some of the first Gulf War's most subtle casualties, it started benignly.

There was fatigue, or headaches, or muscle pain. Others found themselves

afflicted with skin rashes, nausea, or, more alarmingly, episodes of memory

lapse or diminished motor control.



Photo: Zach Wise

Not surprisingly, they were assured that everyone has a tough time readjusting to civilian life after combat. Maybe it was depression or post-traumatic stress disorder.

But after Desert Storm's end in 1991, the Veterans Administration Boston Healthcare System heard about the litany of symptoms often enough from returning vets that it decided to look beyond superficial assumptions and get an expert involved in sorting through the unusual situation.

One expert they called was Roberta F. White, now chair of the Department of Environmental Health at the Boston University School of Public Health.

White, who has a PhD in clinical psychology from Wayne State University and postdoctoral training in neuropsychology at Boston University School of Medicine, was accustomed to unusual situations.

"What interests me about neuropsychology," says White, "is that it provides a window into how different parts of the brain function. By using behavioral tests that measure things such as language, attention, and reasoning, neuropsychologists can diagnose subtle neurological conditions and even describe the effects of brain insult—by which I mean a head injury, chemical exposure, infection, perinatal trauma, or even the beginning of multiple sclerosis. With each new patient, there is a little mystery to be solved."

An environmental detective of sorts, White was originally hired in 1980 by Boston University to work on a study of occupational lead exposure. The research she helped conduct led the federal government's Occupational Safety Health Administration to revamp its recommendations for limits on exposure to lead. Over the years, she had also done important work on pesticide exposure, as well as investigations of prenatal methyl mercury exposure that prompted the United States and other nations to revise their guidelines for seafood consumption by pregnant women.

White admits that it initially took some convincing to persuade her that the ailing veterans were not merely under physical and emotional stress. After quickly dismissing the claims of the most cynical naysayers—those who accused the victims of being malingerers looking for government handouts—she began gathering clinical data that might lead to an explanation. While Jessica Wolfe of the VA Boston concentrated on the post-traumatic stress disorder angle, White and a team of collaborators looked for physiological clues. As interest grew, the VA funded a collaborative research initiative called the Boston Environmental Hazards Center, placing White and BUSPH environmental health sciences chair emeritus David Ozonoff at its helm.



Veterans returning from Desert Storm presented symptoms that suggested exposure to nerve agents.

“What convinced me that what came to be known as Gulf War Syndrome was real—that is, that these symptoms had a true physiological basis—is that in study after study, even when we controlled for psychiatric diagnosis, when we measured stress, and when we discarded results from people who gave answers that suggested they were cheating on the tests, we found

differences in symptom incidence and in brain function between Gulf War-exposed veterans and other Gulf War-era veterans who were not exposed,” says White.

There were numerous possible explanations for the increase in health problems reported by Gulf War veterans. Working with a subset of about two hundred veterans who had reentered the

country through Massachusetts' Fort Devens and formed a 3,000-member study group referred to as the Devens Cohort, White quickly recognized that they had been exposed to pesticides, as well as to pyridostigmine bromide (PB), a powerful chemical contained in the anti-nerve gas pills given to the troops. Although bug repellant and PB are nerve agents, given the nature and amounts of the exposure neither appeared sufficient to cause the magnitude of symptoms the VA was seeing. Also among the possible contaminants were experimental anthrax vaccines the soldiers received and even the desert sand, whose granules are tiny enough to be respirable, White says. Other factors to consider were the widespread oil well fires in the Gulf region and the March 1991 detonation of an Iraqi munitions dump by American troops at Khamisiyah.

The latter event turned out to be pivotal, for in 1996 the American government disclosed that the Khamisiyah facility had been found to contain not just conventional arms, as originally promulgated, but supplies of the organophosphates sarin and cyclosarin.

Manufactured specifically as chemical warfare agents, sarin (GB; *o*-isopropyl methylphosphonofluoridate) and cyclosarin (GF; cyclohexyl methylphosphonofluoridate) are known to cause miosis (narrowing of the eye pupil), blurred vision, weakness, and dizziness when exposure levels are high. Studies of low-level exposure in animals have also demonstrated central nervous system damage and other detrimental effects, some of which come to light only long after the exposure.

Of the 800,000 participants in the first Gulf War, more than 100,000 were potentially exposed to gases from the Khamisiyah detonation. Researchers on White's team were able to obtain detailed data from the Pentagon that enabled them to model each unit's exposure to a sarin gas "plume" that emanated from the explosion site. With this information in place, a dramatic correlation was uncovered between intensity of exposure and evidence of brain dysfunction.

In a study published in the Summer 2006 issue of the journal *NeuroToxicology*, lead author Susan Proctor (DSc'92), research associate professor in environmental health at BUSPH, and other members of White's team demonstrated a direct relationship between the degree of exposure to sarin at Khamisiyah and performance on cognitive tests. The results of a second study released this spring authored by Kristin Heaton, research

assistant professor in environmental health at BUSPH, and others presented evidence of a correlation between the degree of sarin exposure and total brain volume, as well as the size of certain parts of the brain, as determined by magnetic resonance imaging tests.

These paired findings—that servicemen and women subjected to the highest sarin exposure levels perform worse on cognitive tests and have reduced brain capacity—were compelling. Indeed, the release of the second study results last month occasioned a media tempest that brought White and her colleagues attention from all over the world, including a key article in the *New York Times*. The fact that the BUSPH studies had financial support from both the Department of Defense and the Veterans Administration—both of which have historically been loath to attribute veterans' symptoms to military experiences—seemed to add weight to the revelations, according to an article by Kelly Kennedy in *The Military Times*.

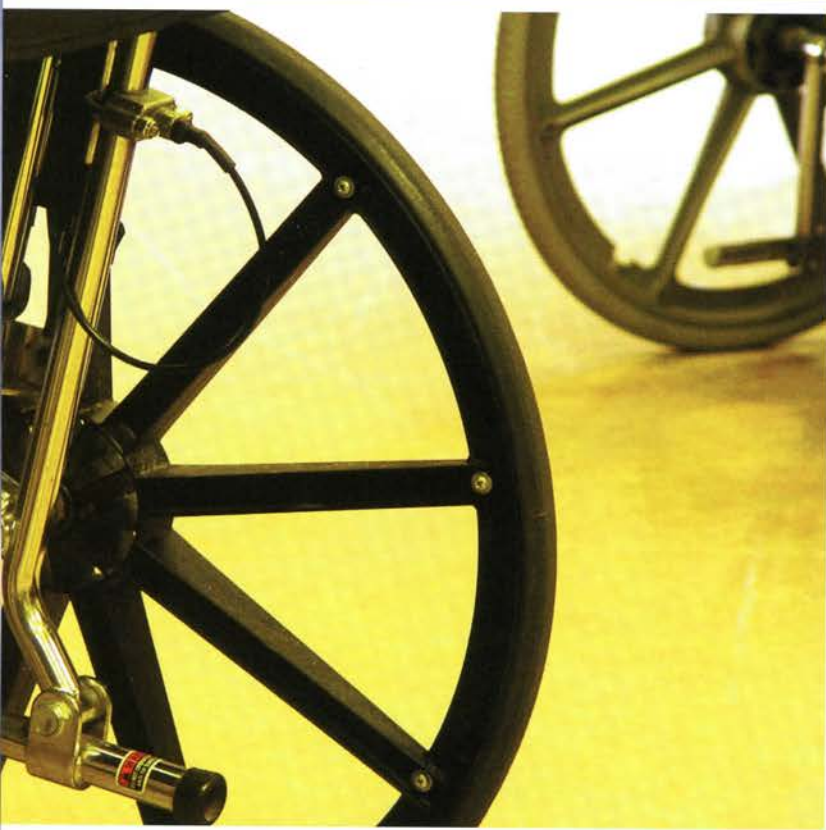
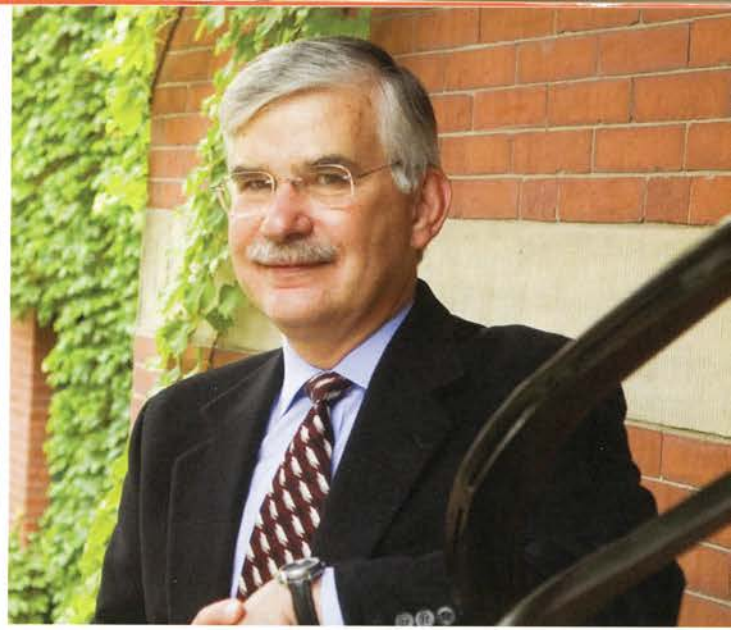
Beyond the publicity, White has received what she calls "a ton of e-mails" from Gulf War veterans writing to share their experiences, but—even more—to thank her for believing, for persisting, and for validating their concerns about their health.

A happy ending? Not really. Veterans may be pleased to know that research now offers at least one plausible explanation regarding the cause of their suffering, but this does not erase it. Some will not survive, for service in the Gulf War also has been shown to correlate with higher rates of fatal illnesses such as brain cancer and amyotrophic lateral sclerosis, more commonly known as Lou Gehrig's disease.

"Brain damage is very, very hard to reverse," acknowledges White, who is also involved in ongoing studies to examine brain MRI findings in symptomatic Gulf War veterans and to assess the effects of exposure in the Gulf theater to pesticides.

What are White's hopes for the studies' outcomes?

"I hope," she says, "that the veterans will be taken seriously, that people will stop attributing all of their problems to psychiatric disorders or a ploy to receive benefits. I also hope that, by discovering the neurological and neurophysiological underpinnings of Gulf War-related illnesses, we will be taking steps toward finding ways to provide these men and women with the support and treatment they need and deserve." ::



The Future of Disability

Choices made now will define approach for years to come

Seventeen years after the passage of the Americans with Disabilities Acts (ADA), disability remains a growing problem that will reach crisis proportions unless both government and society take appropriate actions to help those who are currently disabled as well as to prevent the conditions that cause disabilities. Thus stated a report issued in 2007 by an Institute of Medicine (IOM) panel chaired by Alan M. Jette, BUSPH professor of health policy and management.

Between 40 and 50 million Americans have some form of physical or mental disability, according to “The Future of Disability in America.” And these figures will only increase as baby boomers age and children continue to suffer from asthma, obesity, and autism, warns Jette, who is director of the Health and Disability Research Institute (HDR) at the School.

“We’re trying to call the attention of society at large to the concerns and needs of people who are disabled *before* it becomes a full-blown crisis,” says Jette. “We’re trying to get people’s attention now.”

Established in 1970 under the charter of the National Academy of Sciences, the Institute of Medicine provides independent, objective, evidence-based advice to policy makers, health professionals, the private sector, and the public. Both IOM and the Health and Disability Research Institute aim to raise the awareness of Americans from all walks of life about the realities of disability in today’s world.

Two years in preparation, the comprehensive 2007 report addresses concerns raised earlier by two IOM publications, one issued in 1991 and the other in 1997. The update—which was sponsored by the U.S. Centers for Disease Control, the National Center for Medical Rehabilitation Research, and the National Institute on Disability and Rehabilitation Research—focuses on the progress that has been made. The news is not good.

“The reality is that we have made too little progress,” says Jette, who has also served on a panel that issued a report in 2002 on work disability, “The Dynamics of Disability,” for the Social Security Administration. “The bottom line is how we respond

both individually and collectively. The choices we make now, as a society, will define the future of disability in America.”

In particular, the current report discusses the effects of environmental barriers that limit or block physical access to buildings and facilities; a health insurance system that fails to offer adequate care; a lack of research regarding the treatment and prevention of disabilities; and the absence of a monitoring system by which to gauge, on a national basis, the scope of the problem.

While federal law such as the ADA has resulted in some improvement, says Jette, its implementation and enforcement have been disappointing. Ironically, many health care institutions fail to comply.

“It’s a fact that women who are disabled have more difficulties getting mammograms,” he says. “The equipment is not well designed for people in a wheelchair. The exam rooms are not set up for people with disabilities. Often, they can’t get on the exam table or they can’t be weighed. These conditions create unnecessary barriers.”

In addition to urging improved access for people with disabilities, the report calls for better access to health care for the disabled: more coordinated care to prevent the development of secondary health conditions; more federal research into disability issues; a national disability monitoring or surveillance program to track the success of disability prevention in the future; and an aggressive public education campaign to enlighten attitudes toward disability as well as its prevention and long-term management.

The IOM report also states that the percentage of non-elderly adults with activity limitations—including restrictions related to work—increased throughout the 1990s, although this increase now appears to have leveled off. This suggests that disability is rising among America's non-elderly adults, at least in part due to increases in obesity, Jette says. Indeed, the data is consistent with at least one earlier study that suggests the paradoxical notion that baby boomers may be in worse shape than their parents were at the same age.

“The sheer number of baby boomers will certainly increase the number of people who are disabled,” he concedes. “But why boomers would experience more disability than their parents’ generation is not fully understood. Some of it has to do with the increase in obesity and diabetes. You would think that boomers are more active and youthful than their parents were, but current research does not support this assumption. Our parents were more active in carrying out their lives than we are. You really have to work at being active today. The data just doesn’t support the notion that we boomers are healthier than our parents were, even though we’d like to think we are.”

In addition to demographic realities and an overall lack of health, the scope of the problem is getting worse because of the numbers of veterans returning from Iraq with disabilities.

“The data just doesn’t support the notion that we boomers are healthier than our parents were, even though we’d like to think we are.”

—Alan Jette

“More than 25,000 soldiers have returned with serious disabilities,” Jette says. “It’s a much higher percentage than in previous wars. We’re going to live with the consequences for decades as these veterans are reintegrated into society.”

While “The Future of Disability in America” calls for better adherence to minimal standards established by ADA legislation—including improved wheelchair access and changes in outdated Medicare and Medicaid rules to allow for payment of equipment such as wheelchairs and scooters to be used outside the home—Jette says that is only part of the solution; the other part is preventing disabilities.

Preventing or minimizing disabilities can include ensuring that those at risk get appropriate heart or blood pressure medications to prevent stroke, one of the biggest causes of disability. Making sure that upon arriving at an emergency room, stroke victims receive clot-busting drugs, is an effective practice; public education campaigns urging people to wear seat belts or motorcyclists to wear helmets also constitute primary prevention strategies. Secondary prevention involves aggressive physical therapy for the disabled, whether the disability has been caused by a stroke, arthritis, or something else.

Improving practices in prevention and follow-up care, as well as in overall quality of life, represent a major portion of the work being done at the Health and Disability Research Institute. Among projects currently under way is a study evaluating an automated telephone-linked computer system (TLC) used to provide follow-up care to people with spinal cord injuries. The system was developed by Robert H. Friedman, MD, of the Medical Information Systems Unit at BU School of Medicine. This study is being conducted in collaboration with Boston Medical Center’s Department of Rehabilitation.

“The TLC system calls patients, asks them questions, and gives them advice or contacts a nurse if they are having problems,” Jette says. “If it works, the system could be implemented across the country. It could have a real impact on the quality of life.”

Jette says he is hopeful that the new IOM report will go the distance in drawing attention to the problem of disability in America.

“We had a lot of press interest when the report was released in April,” he notes. “I’ve received invitations from a number of professional groups to speak at various conferences. We have briefed the Congress, the CDC, the National Institutes of Health, and the Department of Health and Human Services. I’ve also been contacted by the World Health Organization. They’ve asked me to participate in a global study of disability that would build on many of the same themes included in the IOM report.”

Reflecting on our nation’s ability to make a difference in the lives of Americans affected by disability, Jette is clear about the path before us. “Disability is not destiny. This is really the key point. The future of disability in America depends on our resolve and the choices we make today. It depends on our ability first to envision and then to create the conditions that will lead to better care and prevention.” ::



By Chris Berdik, for BU Today

Neighborhood Nexus

BUSPH Researchers Uncover Link Between ZIP Codes and Health of Black Women

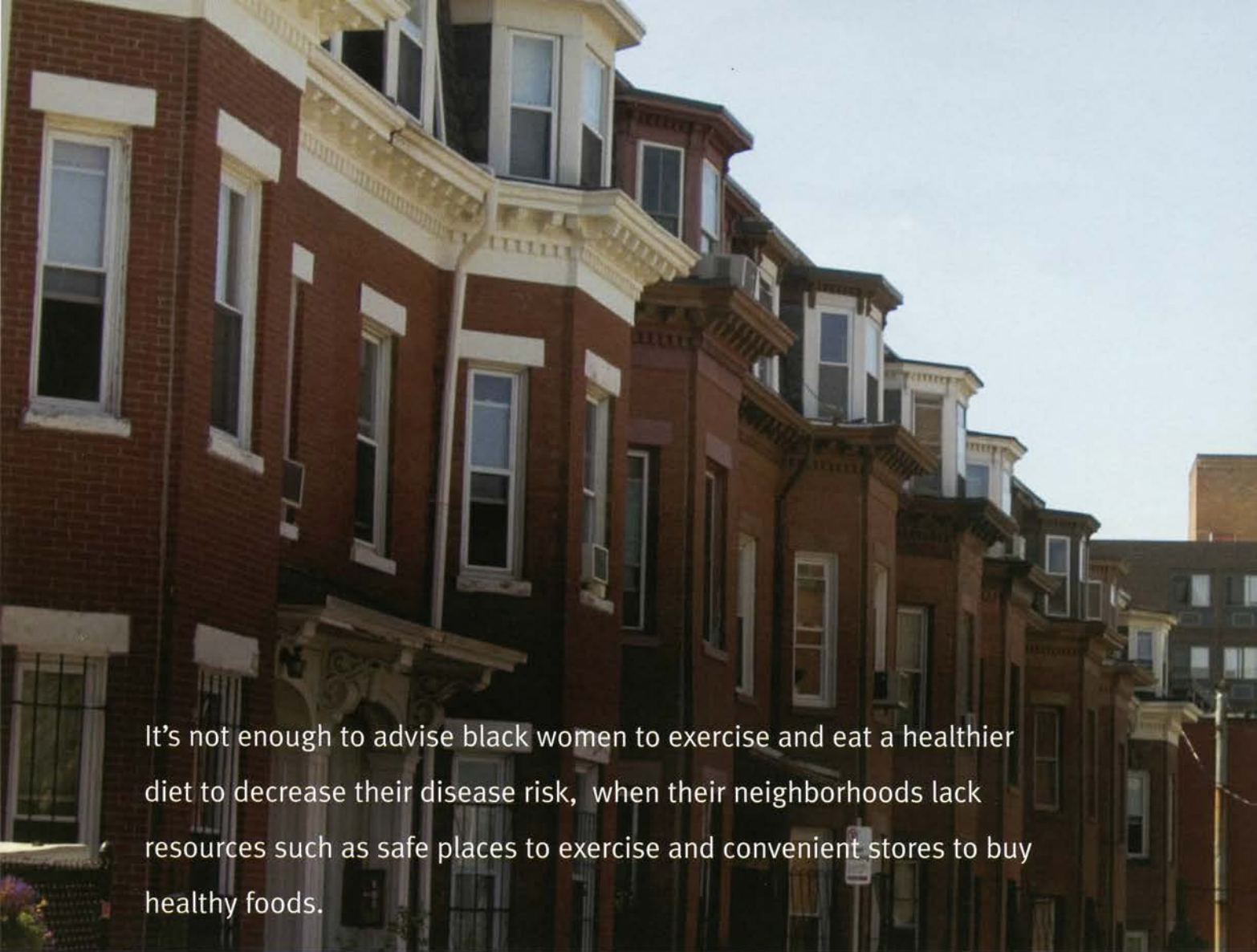
There is a health gap among American women, and it has stymied public health officials and health care providers for years. Black women are afflicted with several major diseases, such as colon cancer and heart disease, at higher rates than white women. And when black women have these diseases, they more often die from them. For instance, they are 35 percent more likely to die of breast cancer, according to the National Cancer Institute. These disparities persist even among women of the same education and income levels.

Now research from Boston University's Slone Epidemiology Center suggests that part of the blame could lie in the neighborhoods where black women tend to live. In a study reported in the April 2007 issue of *American Journal of Public Health*, Assistant Professor of Epidemiology Yvette Cozier, MPH, DSc, found that living in a poorer neighborhood increases a black woman's risk for hypertension (high blood pressure), which is itself a risk factor for heart disease and kidney disease. This result was found even among women whose personal characteristics—such as higher incomes, frequent exercise, and relatively low body mass index—would tend to mitigate their risk.

Nationwide, hypertension affects about 24 percent of all adults. But its incidence among black women is between two and three

times the rate found among white women. To investigate the reasons for this, Cozier and a team of researchers from Boston University's Slone Center, BUSPH's Department of Epidemiology, and Smith College used data from the ongoing Black Women's Health Study (BWHS), which has been administered by the Slone Center and Howard University since 1995.

BWHS compiles data from about 59,000 black women nationwide, who provide information on their overall health—including diet, exercise, tobacco use, and any health problems they've experienced—by means of a mailed questionnaire every other year. Researchers use this data to track associations between risk factors and the diseases to which black women are disproportionately susceptible.



It's not enough to advise black women to exercise and eat a healthier diet to decrease their disease risk, when their neighborhoods lack resources such as safe places to exercise and convenient stores to buy healthy foods.

Cozier decided to study so-called neighborhood effects, based in turn on research that indicates black women tend to live in poorer neighborhoods than do white women of the same education and income. She and fellow researchers identified new cases of hypertension that occurred among BWHS participants during the follow-up process. They also connected the addresses of all BWHS participants with federal census information, including median household income, percentage of residents with white-collar jobs and college degrees, and proportion of families headed by single female parents.

Of all these variables, median housing value was most closely correlated with hypertension. Overall, women living in neighborhoods with the lowest housing value had a 30 percent greater risk of high blood pressure than did women in neighborhoods with high property values. The researchers also found a significant

association between housing value and hypertension risk even after adjusting for household income, education, and common health risk factors. For instance, among the thinnest women, a group generally considered at low risk for hypertension, incidence of the condition among residents of poorer neighborhoods was 76 percent greater than it was among those in wealthier communities.

"These results really point us in the direction that community does matter in determining individual health," says Cozier. "Physicians and health care providers need to be aware of that when dealing with patients or putting together a public health program."

It's not enough to advise black women to exercise and eat a healthier diet to decrease their disease risk, she says, when their neighborhoods lack resources such as safe places to exercise and convenient stores to buy healthy foods.



Associate Professor Yvette Cozier (at left) and Professor Lynn Rosenberg have used the tools of epidemiology to identify neighborhood effects.

The hypertension study is one of the first looking at neighborhood effects to come out of the BWHS, according to Lynn Rosenberg, professor of epidemiology and the principal investigator for BWHS. Rosenberg notes that Cozier's research is part of a growing number of studies showing that "it's not just the personal characteristics of people and their health behaviors that affect their health."

In addition to studying neighborhood effects, researchers associated with BWHS have been looking into the role of genetics in disease susceptibility. One recent study questionnaire included questions about family disease history, and the researchers have obtained cheek cell samples from more than 25,000 study participants for DNA analysis.

"Genes and environmental factors don't act in a vacuum and disease is often the result of some kind of interaction between them," Rosenberg explains.

Cozier's next step could be to see if similar associations exist between median housing value and other diseases prevalent among black women. She hopes also to learn more about the correlation her study uncovered—the particular aspects of poorer neighborhoods that are most detrimental to good health.

"We still need research to know what exactly is the mechanism that goes from community to individual health," says Cozier.

Or, as Rosenberg puts it, "If this country is really serious about reducing health disparities, it's got to get serious about reducing some of the inequities in the way people live." 🌸🌸

Commencement 2007

Attended by faculty, staff, and about 800 guests, BUSPH commencement exercises were held on Sunday, May 20, at the Sheraton Boston Hotel, where approximately 160 of this year's 360 graduates received either master's or doctoral degrees.

Judy Norsigian, longstanding executive director of Our Bodies Ourselves (OBOS), the organization behind the iconic women's health book of the same name, delivered the 2007 BUSPH commencement address. Norsigian also received an honorary degree from Boston University at its general commencement exercises.

Through her organization's publication and her own efforts, Norsigian has had a profound impact on women's health in particular and on the status of women in general, initially throughout the United States and more recently in the developing world.

A similar zest for making a difference in the lives of others was noted when the Norman A. Scotch Award for Excellence in Teaching was presented to Professor of Social and Behavioral Sciences William DeJong, MA. "Teaching is the most important activity of our faculty, and our outstanding teachers deserve special recognition," observed Dean Robert Meenan. Recipients of the Scotch Award have substantially enriched the educational experience of the School's students. Recent winners include Professors Elaine Alpert, Wayne LaMorte, Ken James, Michael Siegel, Gail Douglas, and Eugene Declercq.





- 1 Heidi Nicewarner, Sara MacLay Singleton, and David Healey
- 2 Graduate Haroun Habib shares the moment with his mother, Sana Savage, and his brother, Ola.
- 3 Left to right: Chris Leslie, Naomi Goodman, Linda Tipping (mother of Christin), and Christin DeMatto
- 4 Dean Meenan, student speaker Jirair Ratevosian, and Commencement speaker Judy Norsigian
- 5 Graduate Melanie Smith is flanked by (left to right) her father, Garth Smith; Ted Fitts; her son, Zack Weiss; and her mother, Ann Smith.
- 6 Dean Robert Meenan and Scotch Award Winner William DeJong
- 7 Mary Murphy Phillips, Director of Student Services
- 8 Sonya Kahn (left) and Joyce Alencherril
- 9 Annalyn Dury and her son Benjamin
- 10 Nancy Gee (left) and Naomi Goodman share their commencement joy.
- 11 Ivana Chang, Kimberly Clayton, Erin Taylor, and Laura Carlton



Promoting Community–University Partnerships to End Disparities

Retreat offers valuable insight into barriers and inequalities

By Lisa Brown

Approximately 120 members of community-based organizations and faculty, staff, and students from Boston University School of Public Health (BUSPH) and other academic institutions gathered at a first-of-its-kind retreat to explore ways in which to reduce racial and ethnic health disparities through community–university partnerships. The event—organized by Elmer Freeman, executive director of the Center for Community Health, Education, Research, and Service (CCHERS), and C. Robert Horsburgh Jr., MD, MUS, chair of the Department of Epidemiology and director of the Health Disparities Program at the School—was held in May and hosted by the Boston University Medical Campus. The day’s program encouraged open discussion between academic and community groups regarding social, political, and economic patterns of health disparity.



Left to right: Elmer Freeman (Center for Community Health), Willie Mae Bennett-Bradley (Committee for Boston Public Housing), Bob Horsburgh, and Bob Meenan.

“Addressing the health needs of disadvantaged, underserved, and vulnerable populations stands at the core of BUSPH’s mission as an educational institution,” observed Horsburgh, who is also director of the Partners in Health and Housing Prevention Research Center, a collaborative effort of BUSPH, the Community Committee for Health Promotion, the Boston Public Health Commission, and the Boston Housing Authority.

“This conference is but a first step toward realizing our shared goal of strengthening partnerships with the community and improving the health of our neighbors,” Horsburgh noted.

In welcoming participants to the retreat, BUSPH Dean Robert Meenan noted that the need to address differentials in infant mortality in Boston was one of the precipitating reasons for establishing Boston University School of Public Health in 1976. He added that BUSPH continues to provide training for public health workers in the city and surrounding areas.

One of the day’s participants, Dyan Madrey, development and training manager for the Department of Human Resources at Tufts–New England Medical Center, says that speaking with members of the community at the retreat offered valuable perspective on the breadth of issues involved in reducing health disparities.

“I found this very eye-opening, because I thought I knew the issues,” says Madrey. “Yet when I started to ask questions and became engaged in conversation with fellow participants, I learned that there’s a good possibility of missing the target every single time.”

In small-group sessions, participants identified specific barriers in partnering to reduce disparities from both university and community perspectives. Attendees shared their insights and learned about the experiences of other partner organizations across the nation. Group sessions were facilitated by Ella Green-Morton, community–academic consultant from the University of

Michigan, and by Eugenia Eng, professor of health behavior and health education, University of North Carolina School of Public Health. Later in the day, representatives from the groups shared the results from their respective sessions.

“For me, just coming here and experiencing the retreat, meeting people and networking, is priceless. It’s all about who you meet and the connections that you make,” said Jackie Fergusson, project manager of the Puerto Rican Center on Population Health and Health Disparities at Tufts University. “I wanted to network with others and get ideas about strategies from attendees who do the same kind of work I do. This is an opportunity to exchange ideas and learn from one another.”

At the close of the day’s meeting, a group of participants volunteered to collaborate in formulating a plan to guide the next phase of activity and continue the dialogue. BUSPH Associate Dean for Public Health Practice Harold Cox will lead that effort.

“I expect that we will work to identify a few key issues that are foremost in the minds of the volunteers,” says Cox. “These concerns might include violence, cardiovascular disease, or obesity. Then we will reach out and invite members of various communities to engage in a public forum. Through these kinds of activities, volunteers can help to improve the health of disadvantaged and underserved populations in our state. This sort of community involvement reflects BUSPH’s mission and the University’s commitment to solving a real problem in a significant and meaningful manner.”

Funding for the event was provided by the W. K. Kellogg Foundation, which supports the Engaged Institutions Initiative of the Community Campus Partnerships for Health. The national initiative assists institutions and community partners in their work to eradicate racially and ethnically based health disparities. BUSPH is one of twelve institutions nationwide selected to participate in the foundation’s Engaged Institutions Initiative.



Indian Minister of Health Visits BUSPH

In March, India's Honorable Union Minister of Health, Anbumani Ramadoss, addressed BUSPH faculty, students, and alumni, and other members of the Medical Campus community, during a Public Health Forum sponsored by BUSPH and the Global Health Initiative at Boston University.

Ramadoss shared what it is like to be responsible for the health of one-sixth of the world's population. "You name it, you have it in India," he observed of the magnitude of chronic and communicable diseases his government is trying to prevent, treat, manage, and eradicate in a country of 1.1 billion people, 75 percent of whom live in rural areas.

As chief health minister, Ramadoss has embarked on the challenge of transforming a fragmented and understaffed public health and health care delivery system to a modern and effective one. He leads the country's National Rural Health Mission, Prime Minister Manmohan Singh's ambitious seven-year plan to bring integrated health care to poor rural populations—women and children in particular—by 2012. A cornerstone of that effort is the training and employment of accredited social health activists (ASHAs), women who will live in villages and provide basic health services, vaccinations, and health education to rural

people. The goal is 620,000 ASHAs, one for every village in India. So far, 400,000 have volunteered, with 220,000 already trained. The government also is offering financial incentives to ASHAs to help implement improvements in the villages' sanitation.

Ramadoss and a delegation of Indian health officials visited the United States to explore health and science collaborations with the public, private, and academic sectors in Washington, New York, and Boston. Ramadoss met with University President Robert A. Brown, Provost David Campbell, and Medical Campus Provost and School of Medicine Dean Karen Antman, with whom he talked about possible student and faculty exchanges between the University and India. The delegation also toured the construction site of the National Emerging Infectious Diseases Laboratories, scheduled to open on the BU Medical Campus in the Fall of 2008.

The son of the founder and leader of India's Pattali Makkal Katchi (PMK) political party, Ramadoss received his medical training at Madras Medical College. The 36-year-old was appointed health minister three years ago and is the youngest member of the prime minister's cabinet. He is an ardent anti-tobacco crusader, working to stop smoking in public places, and has proposed a controversial ban on the depiction of smoking in movies and television.

Student Affairs Consolidates Offices

In an effort to better integrate student administrative services, Associate Dean of Students Ngina Lythcott has formed a new Office of Student Affairs that consolidates a variety of student services into one cohesive unit. Lythcott oversees the work of admissions, the registrar, student services, and career services through this reconfigured office.

"The goal is to offer our students a thoroughly integrated pathway, from application to admission to matriculation to graduation to employment," says Lythcott.

Join Together Partners with HBO on "Addiction" Feature

David Rosenbloom, PhD, director of BUSPH's Youth Alcohol Prevention Center and Join Together, was a featured expert in the HBO documentary "Addiction." The feature-length film was the centerpiece of HBO's multimedia project and shown in nine separate segments that delved into the myths and realities of drug and alcohol addiction, treatment, and recovery.

Join Together partnered with HBO on this project, playing a major role in mobilizing people in cities around the country to watch the series, hold town meetings and house parties, and use the program to educate legislators and policy makers about positive change. Join Together is the nation's leading provider of information, strategic assistance, and leadership development for community-based efforts to advance effective alcohol and drug policy, prevention, and treatment.

For information about the series and the efforts of Join Together and the organization's community partners, visit <http://addictionaction.org> and www.hbo.com.



Forging Our Future

Last spring, President Robert A. Brown unveiled a comprehensive plan for the future of Boston University aimed at establishing Boston University in the top tier of urban research universities. Known as "Forging Our Future by Choosing to Be Great," the plan provides a detailed outline of actions, investments, and metrics for achieving its goals and is based on an intensive, yearlong Universitywide discussion and strategic planning process.

In addition to strengthening the University's ability to recruit and retain talented faculty members, the plan calls for the additional faculty in areas that bridge research and scholarship across disciplines. The plan also recommends paying faculty competitive market-based salaries, developing a more coordinated undergraduate curriculum and enhancing the student experience, and increasing collaboration across School and College boundaries, particularly in ways that will nurture interdisciplinary efforts with significant impact.

Improvements are slated for both the Charles River and Medical campus physical plants, including the expansion and renovation of the School of Law and the College of Fine Arts, and renovations at the School of Medicine facilities. The long-range plan also demands greater efforts across the University in the areas of energy conservation and restriction on greenhouse gas emissions. To accomplish these goals, says Brown, the University must also strengthen alumni involvement and increase fund-raising.

For detailed information regarding plans and activities related to "Forging Our Future," visit www.bu.edu/president/strategic-plan.

Study Reaffirms Benefits of Breast-feeding for HIV-Infected Women in Africa

A seven-year study in Zambia has demonstrated that the benefits of exclusive breast-feeding outweigh the risks in terms of mother-to-child HIV virus transmission. The *Zambian Exclusive Breastfeeding Study (ZEBS)* findings are expected to have a profound effect on the course of the AIDS epidemic in sub-Saharan Africa and possibly save more than a million lives a year.

BUSPH's Donald Thea, MD (Center for International Health and Development), and colleagues Louise Kuhn, MD (Columbia University Mailman School of Public Health), and Grace Aldrovandi, MD (Children's Hospital, Los Angeles), set out to understand the extent to which infants born to HIV-infected mothers are affected by the type and duration of feeding.

Transmission of the virus from mothers to their babies throughout the developed world has been reduced substantially due to the use of triple-antiretroviral drug therapy, planned C-sections, and safe formula-feeding. But mothers in sub-Saharan Africa rarely, if ever, have ready access to any such advances.

Prior to the *Zambian study*, the World Health Organization (WHO) recommended that HIV-infected women discontinue breast-feeding as soon as possible, taking into consideration local circumstances, the individual's situation, and the risks of replacement feeding. But the results of *ZEBS* and similar studies led WHO to revise its recommendations in October 2006, urging that infected women breast-feed exclusively for six months unless replacement (formula or a combination of other foods) feeding is "acceptable, feasible, affordable, sustainable, and safe."

Funded with a grant of \$6 million from the National Institutes of Health, *ZEBS* was designed as a randomized controlled trial to determine if there was a net benefit to abruptly stopping exclu-

sive breast-feeding at four months. The study enrolled 958 HIV-infected women, half of whom were encouraged to wean their infants as rapidly as possible off breast milk at four months. The other women were encouraged to wean gradually—as they would normally do—usually at around six months. The women and their babies were then followed for two years.

In February 2007, the study's results were presented by Thea at the 14th Annual Conference on Retroviruses and Opportunistic Infections in Los Angeles. The findings were dramatic: There was no significant difference in HIV-free survival among the children from the two groups of subjects. Moreover, the ZEBS team found that early cessation of breast-feeding is costly and may carry social risks, including disclosure of HIV status and the associated stigma.

Thea hopes that the findings will not only change official policy in Zambia but also in other African countries, such as Botswana and South Africa, where rates of infection are even greater.

Catalyst Center Publishes New Chartbook on Health Care Financing for Special Needs Children

With the goal of spreading innovative financing strategies across the country to benefit children and youth with special health care needs, the Catalyst Center of the BUSPH Health and Disability Working Group has published a new, comprehensive resource. *The Catalyst Center State-at-a-Glance Chartbook on Coverage and Financing for Children and Youth with Special Health Care Needs* provides a state-by-state look at the most interesting state practices—those that take on tough financing problems in new ways or add new twists to existing programs.

The chartbook has been disseminated widely and should be of particular interest to parents, doctors, state agencies,

and legislators looking to improve services for this vulnerable child population. Copies have been sent to state Title V and Medicaid programs, child health advocates, and government policymakers across the country and are available to the BUSPH community by calling 617-426-4447, extension 27. The latest information on financing care for children and youth with special health needs can be found at www.hdwg.org/catalyst. The project was published with funding from the Division of Services for Children and Special Health Care Needs of the Federal Maternal and Child Health Bureau.

Mahon and McClean Awarded Pilot Grants

Assistant Professors Barbara Mahon (Epidemiology) and Michael McClean (Environmental Health) have been awarded the 2007 BUSPH Pilot Grants to expand the breadth of research at the School, especially interdisciplinary research.

Mahon's topic of research is Population-Level Analysis of UVB Exposure and Incidence of Invasive Pneumococcal Disease; McClean's is Methyl Mercury Exposure in Systemic Autoimmune Disease Patients.

BUSPH Pilot Grants are for one year, with a maximum award of \$10,000.

BUSPH Rotaract Brings Malaria Cup to Boston

BUSPH's Rotaract team, the *Beantown Beatdown of the 'Squiter*, won the first-ever Madness Against Malaria competition, a global fund-raising effort modeled on the NCAA March Madness college basketball tournament. More than 120 teams began raising money in the fall of 2006, and the top 64 were paired up in multiple "knock-out" rounds through March and early April of 2007.

BUSPH Rotaract raised more than \$8,000 to purchase bed nets for Zambians plagued by malaria, a mosquito-borne illness that can be fatal, especially among children. In total, Madness Against Malaria raised more than \$90,000, enough to purchase over 18,000 insecticidal bed nets.

The fund-raiser was coordinated by BUSPH student Jessica Kraft ('07), whose experience as a Peace Corps volunteer teaching school-age children in Mozambique motivated her to get involved.

The Beantown Beatdown of the 'Squiter received the Malaria Cup in a May 2007 ceremony at the School. BUSPH Rotaract has already registered the *Beantown Skeeter Beater Repeater* team to defend the 2007 Malaria Cup title.

Photo: Educational Media



Left to right: BUSPH Dean Robert Meenan, Rotaract Club Advisor Joseph Anzalone, Cofounder of Malaria Madness Lance Laifer, Vice President of BUSPH Rotaract Jessica Kraft ('07), President of Boston Rotary Club Stephen Demeranvill, and President of BUSPH Rotaract Jirair Ratevosian ('07).

BUSPH and Peace Corps Mark 20 Years

While serving as Professor of Health Services and Director of the Office of Special Projects more than twenty years ago, William Bicknell, MD, MPH, learned of an innovative program started by the U.S. Peace Corps that allowed master's degree candidates to incorporate a total of 27 months of service to the Peace Corps into their degree. Bicknell's enthusiasm for the idea led BUSPH to establish the first public health-focused Master's International (MI) program in 1987, which has remained a popular option at the School.

To celebrate the program's twentieth anniversary, the director and associate director of the MI program from Peace Corps headquarters in Washington, D.C., honored the BUSPH program with the gift of a commemorative plaque.

"It was a good idea then and it's still a good idea today," says Bicknell, reflecting on the affiliation. The program allows American citizens who are earning their master's degrees to put their skills to work in some of the most challenging circumstances imaginable. Since 1987, a total of 43 BUSPH students have served in 24 countries in the Peace Corps through the MI program.

"It is a terrific way for students to acquire the international experience they need to develop their careers," notes Joe Anzalone, BUSPH Master's International Program Coordinator. "Living within a low-resource setting in a foreign country provides tremendous life-lessons that Peace Corps volunteers draw upon long after their two years of service."

Currently, nine BUSPH students are overseas serving in Peace Corps health programs in Bolivia, Uganda, Dominican Republic, Jamaica, Micronesia, Honduras, Morocco, and Burkina Faso.

For more information, visit sph.bu.edu/peacecorps.



Left to right: Joe Anzalone, BUSPH Master's International Program Coordinator, Department of International Health; James Arena-DeRosa, Director, Boston Regional Office, U.S. Peace Corps; William Bicknell, Chairman Emeritus and Professor, Department of International Health; Jonathon Simon, Chairman and Associate Professor, Department of International Health, Director, Center for International Health and Development; Sylvia Alejandre, Director, Master's International Program, U.S. Peace Corps; Jahleezah Eskew, Associate Director, Master's International Program, U.S. Peace Corps. (Photo: Educational Media)

Associate Dean Cox Appointed to Mass. Public Health Council

BUSPH Associate Dean of Public Health Practice Harold Cox has been appointed to the Massachusetts Public Health Council by Massachusetts Governor Deval Patrick for a six-year term.

"Serving on the Massachusetts Public Health Council is an opportunity to develop guidelines and regulations that help improve the health of disadvantaged and underserved populations in our state. This closely parallels the mission of BUSPH, and I am very proud to be a part of the council," says Cox.

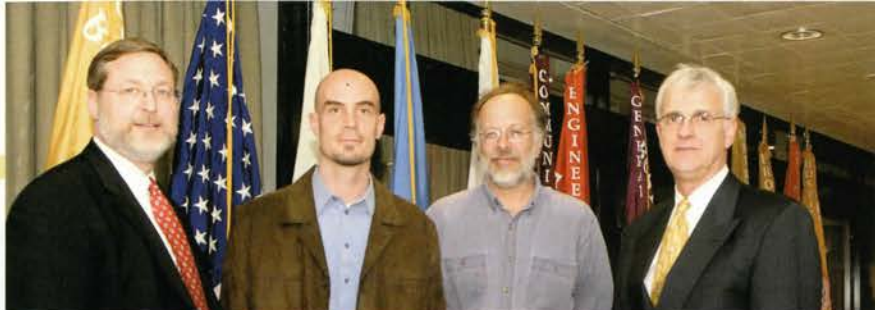
The Public Health Council is the policy arm of the Department of Public Health and led by Massachusetts Public Health Commissioner John Auerbach. The council makes and issues rules and regulations related to health care, health care facilities, patient protection, and other areas of public health policy. It also plays an important role in ensuring the equitable distribution of health care resources throughout the Commonwealth by reviewing and approving hospital plans to expand or add additional services.

IH Concentrator Named Public Health Fellow

International Health concentrator Merredith Collins has been selected by the Albert Schweitzer Fellowship as the Lambaréné Public Health Fellow for 2007/2008. This is the first year that the fellowship has selected a public health student to serve in Lambaréné, Gabon, where Collins will spend five months at the Albert Schweitzer Hospital. She will create and implement a patient-tracking system, then evaluate and summarize baseline HIV/AIDS and tuberculosis patient data, enabling the hospital to propose clinical or public health education programs that can be reliably assessed. Collins served as a Boston Schweitzer Fellow for the 2005/2006 academic year, during which she taught Somali refugee women basic English skills. She also organized focus groups of Somali, Somali Bantu, and Liberian refugees to measure attitudes toward and knowledge of tuberculosis. "These experiences helped me understand the needs of newly resettled refugee communities. My plan is to attend medical school so that I can serve refugee and



Award-winner Jessica Emberley with BU Provost David Campbell.



BUSPH Dean's Award recipient Joseph Allen (second from left) with (left to right) Associate Dean Mark Prashker, Professor of Environmental Health Tom Webster, and BU Provost David Campbell.

immigrant communities, groups that are marginalized and would greatly benefit from health care assistance," she notes. Collins expects to receive dual degrees—a master's degree in public health and a master's of arts degree in medical science—in December 2008.

Fox Awarded Prestigious SER Prize

Assistant Professor Matthew Fox of the Center for International Health and Development is the recipient of the 2007 Lilienfeld Prize, awarded by the Society for Epidemiologic Research (SER). The award was for a paper Fox wrote as a doctoral student exploring the role that breast-feeding plays in the relationship between a mother's HIV diseases and the survival of her uninfected children.

The prestigious Lilienfeld Prize recognizes excellence in student research and was established by SER to honor Dr. Abraham Lilienfeld, who was renowned as a mentor and teacher. The prize recognizes excellence in student research and reflects SER's ongoing commitment to support and encourage students. The Society for Epidemiologic Research was established in 1968 as a forum for sharing the latest in epidemiologic research.

Fox received his DSc degree in May 2007 from the School's Department of Epidemiology. He teaches in both the International Health and Epidemiology departments. His research interests include HIV, malaria, respiratory infections, and epidemiologic methods. He is currently involved in a study of the impact of HIV/AIDS and HAART therapy on labor productivity in Kenya.

BUSPH Students Win Awards at 2007 Science and Engineering Symposium

Environmental Health doctoral candidate Joseph Allen won the BUSPH Dean's Award at the 2007 Science and Engineering Symposium in April. The symposium, a Universitywide competition that showcases the work of graduate students and postdoctoral fellows in science and engineering research, is a way to increase awareness of research in science and technology within the Boston University community. This year 216 posters were submitted, the most ever.

Allen won the Dean's Award for his work on assessing personal exposure to polybrominated diphenyl ethers (PBDEs), a toxic flame retardant frequently found in consumer products. His work included the first reported measurements of PBDEs in air in the United States. He also demonstrated a personal cloud for PBDEs, or the so-called Pigpen effect, named for the *Peanuts* cartoon character who was perpetually surrounded by a cloud of dust. His advisers are Environmental Health Associate Professor Tom Webster and Environmental Health Assistant Professor Michael McClean.

Jessica Emberley, a graduate student in the laboratory of Environmental Health Professor David Sherr, received the Dean's Award for the School of Medicine. Her poster described the mechanisms of how environmental pollutants cause the death of immune system cells. This research is part of ongoing studies in the Sherr Laboratory to study how pollutant chemicals cause cancer and immunosuppression.

Community Partners Honored

BUSPH's Office of Public Health Practice presented the second annual Gail Douglas Award for Public Health Practice to Letitia ("Tish") Davis at its annual Community Partners Appreciation Day held last April. Davis founded the Massachusetts Department of Public Health Occupational Surveillance Program in 1986 and has served as its only director. Over the years she has developed numerous programs that have become prototypes for regulatory policies.

Her professional achievements include the Massachusetts registry for adult lead poisoning, two federally funded occupational surveillance programs (asthma and occupational fatalities), and a surveillance and educational program to prevent injuries to working teens that ultimately led to a long-overdue update of the Massachusetts child labor laws. In addition to her nationally and internationally recognized efforts on behalf of working people, Davis has contributed to the education of many students of public health, serving as a mentor and agency supervisor to numerous BUSPH practicum students and hiring several of our students upon graduation.



Christie Hager, JD, MPH'91

A job on the editorial staff of the *New England Journal of Medicine* after graduating from Smith College led Christie Hager to defer immediate plans for law school in favor of working at *NEJM* while first pursuing part-time graduate study in health law. After completing the master's program at BUSPH, the native of Fitchburg, Massachusetts, turned her attention to earning a JD at the University of Connecticut. She has since blazed a notable trail in the field of health law, specializing in the legislative process and health care reform.

Hager says graduate training at Boston University School of Public Health made her subsequent experience of law school much more focused, particularly in terms of her desire to navigate a path that integrated the goals of public health with the objectives of state government. Most important, she notes, was the fact that her training in both fields cultivated an ability to appreciate points of view other than just her own or those with whom she naturally agreed.

Concern for the practical, rather than merely theoretical, elements of her chosen profession was also crucial, Hager observes.

"What distinguished BUSPH for me was not only gaining contact with the broader world of public health, as a field of advocacy, but also learning specific ways in which the law can be used to shape public policy and make possible effective reform," she notes. Along these lines, Hager says she was especially influenced at UConn by Professor Joseph (Jay) Healey, a former student of BUSPH's George Annas.

Law degree in hand, Hager headed back to Boston for her first position as part of the research staff of the Massachusetts House of Representatives Joint Committee on Health Care. It was during this period, 1995–97, that the Commonwealth embarked on a second wave of significant health reform (the first wave had begun in 1988, under Governor Dukakis), in which MassHealth became part of an expanded Medicaid program.

Subsequently, Hager directed the Massachusetts Health Policy Forum, 1999–2003, for the Schneider Institute for Health Policy at Brandeis University's Heller Graduate School, where she was appointed the institute's first senior fellow. She also brought her leadership skills to bear as president of the Massachusetts Public Health Association (2001–03). In 2003, Hager joined the Harvard School of Public Health, where she worked as deputy director of that school's Division of Public Health Practice.

In her current capacity as Chief Health Counsel to Speaker Salvatore DiMasi, Massachusetts House of Representatives, Hager brings to bear her experience in the complex process of the Commonwealth's move toward universal health insurance coverage by way of legislation, Chapter 58 of the Acts of 2006.

Each step of the way, Hager relishes the legal and political challenges presented in sorting through the health-care needs of the Commonwealth's residents. She also uses her knowledge of the field to benefit communities beyond Massachusetts by sharing her experience and knowledge with legislators and consumer groups in other states. Never content to let an educational opportunity pass, Hager also informs a new generation of health law advocates by teaching classes at the University of Connecticut School of Medicine and Suffolk University Law School. She was also an honored guest last spring at BUSPH's Public Health Forum.



Our Alumni

Public Health Concentration

After many years in strategic planning, marketing, and product development in the HMO and insurance businesses, **Joan (Nachman) Lane ('80)** has returned to public health as director of programs for the Southwestern Connecticut Area Health Education Center (AHEC). She facilitates and participates in collaborative partnership projects with local health departments, schools, community health centers, hospitals, and other health providers and agencies in Bridgeport, New Haven, and surrounding towns.

Christine Clements Stein ('82) works at the University of Massachusetts Medical School as senior policy analyst in the Office of Clinical Affairs, and as an assistant professor in the Department of Family Medicine and Community Health. She has been involved with a project that evaluates the Massachusetts Department of Public Health Stroke Registry.

Environmental Health

Kylie Lloyd ('90) reports that she is a principal in her engineering consultancy in Sydney, Australia. She also has two children, Chloe and Max.

Rosann Bongioanni ('01) was a featured speaker at the Massachusetts Public Health Association forum representing the Chelsea Green Space Committee in January 2007.

Epidemiology/Biostatistics

Rose Strain ('79) shares her expertise in managed care, quality assurance, disease management, medical billing, and public health programs—as well as data systems and Web-based solutions—as part of the Threshold Network, a management consultancy in south Florida. She is also a Fellow of the American College of Healthcare Executives (FACHE) and a Diplomat of the American Board of Quality Assurance and Utilization Review Physicians (CHCQM).

Masahiro Takeuchi ('86) was the honored recipient of a Distinguished Alumni Award presented by Harvard School of Public Health's biostatistics department in 2007. He delivered the award's lecture, "The Role of Biostatistics in Japan: Regulatory and Academic Perspectives," in June at Harvard University. The lecture described his efforts, having worked with the Food and Drug Administration in the United States, to develop a similar program for drug regulation in Japan.

Elizabeth Sommers ('89 EPI/BIO, '06 HS) is currently a DSc candidate in health services management at BUSPH. She was the keynote speaker at the British Acupuncture Council for their annual meeting this fall. She is also cochair of the APHA group on complementary and alternative medical practices.

Denise Kmetzo ('00) joined Roux Associates, an environmental consulting and management services firm, to lead its health and environmental risk-assessment practice in Burlington, Massachusetts.

A health services researcher at the Baylor Institute for Health Care Research and Improvement in Dallas, **Bruce Koehler ('06)** has been working on projects that relate to patient safety. One involves a study of the admission, hospital stay, and discharge process for high-risk elderly patients. Another study is looking at central venous line surveillance cultures for infants in neonatal intensive care units. He is also working on a proposal to create software to better monitor antibiotic use and provide physicians with vital information for decision making.

Health Law, Bioethics, and Human Rights

Elizabeth Cohen ('92) reports this has been a year of big changes: "I changed my job, got married, and just bought a house in Arlington, Massachusetts." She is now project director for Health Initiatives at WGBH, Boston, and very much enjoys highlighting the connection between public television and public health. Elizabeth also teaches each spring at BUSPH with Professor Elaine Alpert, discussing public health perspectives on sexual violence. Elizabeth and her husband Jason Perlmutter are pleased to have settled in the Boston area and especially happy to have their own backyard!

Sarah Linville ('99) is living in Cohoes, New York, and works for Fidelis Care—a Medicaid managed care plan—doing network expansion and provider contracting. Previously, Sarah worked for the American Cancer Society as director of Patient and Family Services.

Joshua Boxer ('01) is an associate with Weiss & Zarett, PC, on Long Island, New York, a law firm representing physicians and hospitals. Josh's wife, Jessica, is an antitrust associate at Labaton Sucharow & Rudoff, LLP. The couple lives in Port Washington, New York.

Sabre Kaszynski ('03) is an attorney in the Office of Litigation and Program Counseling for the Family Independence Administration, part of the New York City Social Service Department/Human Resources Administration, where her work focuses mainly on issues that involve public assistance and food stamps and—occasionally—Medicaid. She also represents the agency in a variety of venues from small claims court to the state supreme court, and works with various parts of the agency to ensure they comply with the state's statutes and regulations.



Erika Fishman ('04) has moved back to New York and works at Manhattan Research LLC, a health services and marketing firm for clients in the pharmaceutical industry and online health content providers. As a senior research analyst, she studies trends in physician and consumer use of the Internet and other technologies. On the consumer side, she focuses on the state of personal health records with regard to their digitalization across the nation. Erika says BUSPH prepared her for this type of work, especially through the white paper she assembled, "Using 'E' to Save the ER," and through her research position with the BU Healing Landscape Project at BUMC, which offered valuable experience in presenting e-marketing strategies for multicultural audiences.

Lucy Harrison ('06) has recently launched Milk and Cookie Productions, a production company that makes independent films and records weddings. Lucy's first film, *The Quarter Life Crisis*, premiered at the Regent Theater in Arlington, Massachusetts. She is currently working on a film that focuses on health and health-related issues.

Health Services (now Health Policy and Management)

Mark D. Goodwin ('88) has called New York City home for the past twenty years. Currently at Montefiore Medical Center in the Bronx, Mark works with adult sickle cell patients, participates in a project with Haitian migrant workers in the Dominican Republic, and serves on the boards of the Latino Alzheimer's Coalition and New York Citizens Concerned with Health Care Decisions. He has worked in inpatient and emergency medicine and bioethics in relation to patient care and end-of-life decisions. Mark also holds a law degree from Brooklyn Law School (1993) and maintains a part-time practice in estate planning and elder law. Fellow BUSPH alumni can reach him at mgoodwin@montefiore.org.

Susan Graham ('90) completed a fellowship in infectious diseases at the University of Washington in June 2006 and is now collaborating with the University of Nairobi and the Kenya Medical Research Institute conducting research in Kenya on risk factors of HIV transmission. She is also a PhD candidate in clinical epidemiology at the University of Toronto, where her husband is a faculty member.

Suzi Bouveron ('91) is a health educator in the information and education section of the California Department of Health Services, Immunization Branch. She married in 2004 and lives in beautiful San Diego. Suzi can be reached at sbouvero@dhs.ca.gov.

Angela M. Vieira ('92) and her husband also live in San Diego, where they recently welcomed a new baby boy to their family. Angela works as general counsel to Rady Children's Hospital and notes that, "As a former pediatric nurse, this is my dream job." Although Angela and her husband enjoy living in California, they miss family and friends in Boston.

Marc R. Singson ('00) is working in the Philippines for KPMG in corporate finance and financial risk management. He would love to hear from fellow BUSPH alumni at msingson@kpmg.com or msingsonoo@hotmail.com.

Ariana Koffsmom ('01) reports she loves being Mom to Martin, who is nearly two years old.

Joshua Rising ('03) is a member of the Robert Wood Johnson Clinical Scholars Program at the Yale University School of Medicine. His research interests include clinical pediatrics, health services research, community health problems, and public policy. Previously, Joshua was a pediatric resident at the University of California, San Francisco.

Leigh Mansberger ('04) has worked for two years as a contractor for the Plymouth, Massachusetts County Emergency Preparedness Coalition, helping local boards of health and towns prepare for infectious disease emergencies. This includes planning for emergency dispensing sites, which are mass vaccination/medication centers that—in the worst-case scenario—will treat 100 percent of a town's population within 48 hours. She is also involved in helping local boards prepare for pandemic flu by recruiting and training volunteers through the regional Medical Reserve Corps. In addition, Leigh has been invited to serve on the State Task Force on Emergency Preparedness for Special Needs Populations.

Elizabeth Sommers ('89, '06) is currently a DSc candidate in health services research at BUSPH. She was the keynote speaker at the British Acupuncture Council annual meeting this fall. She is also cochair of the APHA group on complementary and alternative medical practices.

International Health

After more than two years with the Ministry of Health in Mexico, **Florencia Zulberti ('97)** reports that she is keeping one foot in public health by working part time with the National Institute of Public Health in Cuernavaca, where she is the coordinator for a multiinstitutional HIV/ AIDS/TB research project. Her other foot is in the tourism industry ("Yes, you heard right," she adds). Florencia is leading the conceptualization and implementation of a foundation (to be called DirectWith Communities) into the platform of an IT company (called DirectWithHotels), which will eventually facilitate and encourage the direct involvement of hotels and their guests in improving the livelihood of populations in the communities of their final destinations. She is happy to "merge two of my greatest passions in life: the alleviation of poverty and poor health around the world, and travel."

Michele Bradford ('03) is currently in her second year as a country director for Equal Access, a development/communications NGO, in Afghanistan. The agency focuses on designing behavior-change communications initiatives through such means as radio, video, trainings, and forums on a variety of topics from health to human rights. Through sustained connections with the BUSPH community, she was able to hire a classmate, **Heidi Miller ('03, SB)**, to join Equal Access as an interim program manager for the summer of 2006. Michele's group also hosted **Meghann McNiff Lindholm**—a current MPH candidate in Maternal and Child Health at the School—as an intern to work on health-related and patient education videos. Michele looks forward to working with other BUSPH colleagues in the future.

Maria Caterina Ciampi ('04) is working with UNICEF's Regional Office for West and Central Africa as Programme Officer in HIV/AIDS in Emergencies and Gender-Based Violence. She can be contacted at mariaciampi2000@yahoo.com; or, if the message is work-related, at mcciampi@unicef.org.

Mary Drake ('04) reports two internship opportunities for interested BUSPH alumni: one through a grass-roots organization that works training community midwives in rural Tanzania and another for a government project in El Salvador, providing reproductive health services in the community and at the hospital. Anyone interested in her work may reach Mary at Maryllyndrake@yahoo.com.

Simran Bains ('06) is living in Zimbabwe and works with the International Organization for Migration. A recent promotion extended her stay until May 2007 while she supervised her own mobile urban clinic for displaced individuals who were resettled. Pictures from her journey are posted at <http://picasaweb.google.com/sbains25/November2006Zimbabwe>.

Maggie Samuels ('05) completed her second successful year of teaching family and consumer sciences at Natick, Massachusetts High School. In 2007, she worked with colleagues to create and implement the school district's new Wellness Policy. She also developed and taught an honor's-level science elective, Nutrition Sciences, which taught students about many aspects of nutrition, surveyed peers on a variety of nutrition-related topics, and developed nutritional intervention.

Social and Behavioral Sciences

Barbara Kondilis-Petropoulos ('99) is employed at the Hellenic American University in Athens, where she supervises a research project on health literacy, runs the Student Affairs Office, and teaches in the area of health communication. Formerly a Public Health Prevention Service Fellow for the CDC, Barbara has worked in the national offices in Atlanta and the Rhode Island Department of Health (RIDOH) Diabetes Prevention and Control Program. While at RIDOH, Barbara coordinated the Chronic Care Collaborative and oversaw the health communication development plan for diabetes as well as the evaluation of the Diabetes Resource Center.

Julie Ross ('00) joined the Peace Corps in September 2006 and is currently in the Dominican Republic, on the Haitian border, working on projects related to HIV/AIDS, nutrition, and reproductive health.

In Memoriam

Richard P. Delaney (MPH'89) died in April 2007 at his home in Lebanon, New Hampshire. A corpsman in the U.S. Navy during the Vietnam War, Delaney had completed the physician's assistant program at Dartmouth Medical School before he earned his master's degree in Health Services at BUSPH. Married to Suzanne Hunt in 1983, he was employed as a physician's assistant at Dartmouth-Hitchcock Medical Center and the Veterans Administration hospitals in Albany, New York, and White River Junction, Vermont. Delaney was considered an authority on world health issues, having visited such areas as Bosnia and Yugoslavia, Azerbaijan, the Republic of Georgia, and South Korea. He had also worked in Uganda, Tanzania, with USAID, Médecins Sans Frontières, the International Rescue Committee, and the Carter Center in Atlanta. He has been recently honored by the Carter Center for his work with the Guinea Worm Eradication Program in Uganda.

The 2007 William J. Bicknell Lectureship in Public Health
September 27 & 28

The HPV Vaccine...

Is It Really a Public Health No-Brainer?



Thursday, September 27 ■ Lecture
4 to 6 p.m.

Boston University Medical Campus
670 Albany Street, Boston
First-floor auditorium

A wine and cheese reception will be held immediately following the lecture.

“What Do We Know About the Distribution of HPV
in the United States?”



Susan C. Weller, PhD

Professor of Sociomedical Sciences, Department of
Preventive Medicine and Community Health; Director
of Research, Department of Family Medicine, University
of Texas Medical Branch, Galveston, Texas

The lectureship was established by and is named for William J. Bicknell, founding Chair Emeritus of the Department of International Health and Professor of International Health and Family Medicine in the Boston University Schools of Public Health and Medicine.

Friday, September 28 ■ Panel Discussion

8:30 a.m. Continental breakfast

9 to 10:30 a.m. Panel discussion followed
by audience Q&A

Boston University Medical Campus
670 Albany Street
First-floor auditorium

Topic: HPV vaccine mandates and the bigger picture



Judy Norsigian, founding member and executive director of Our Bodies Ourselves (Boston Women's Health Book Collective).

Topic: A case for mandating the HPV vaccine



Peter Koutoujian, State Representative, Tenth District, Chair, Commonwealth of Massachusetts Joint Committee on Public Health.

Topic: HPV and the global perspective



Yves Bergevin, MD, MSc, FRCPC, FCFP, Senior Program Advisor, Reproductive Health, Africa Division at the United Nations Population Fund (UNFPA).

Panelists

Topic: HPV vaccine development and its potential impact



Adel Mahmoud, MD, PhD, Woodrow Wilson School of Public and International Affairs, Department of Molecular Biology, Princeton University. Chairman and Physician-in-Chief, Department of Medicine, Case Western Reserve University.

For directions and information: sph.bu.edu/bicknell



Boston University School of Public Health



BUSPH Welcomes New Associate Dean of Administration and Finance

Patricia O'Brien, former deputy dean of Harvard College and dean of the Simmons College School of Management, joined the BUSPH community in July as associate dean of administration and finance.

"Pat is a welcome addition to our senior management team," says Dean Robert F. Meenan. "She brings a tremendous combination of skills, experience, and talent to this critical and central role."

Her responsibilities at BUSPH include administrative and financial oversight of the School's operations, which include personnel, systems, business services, and facilities. In addition, O'Brien is responsible for directing and developing strategic initiatives, as well as the capital budget process and financial forecasting and analysis.

O'Brien earned a doctorate in business administration at Harvard University and a master's degree in business administration at Simmons College. Prior to her service at Harvard, O'Brien was dean of the Simmons College School of Management and guided the institution through a period of repositioning that included significant growth in instructional revenue, MBA enrollment growth, and increased philanthropy.

At BUSPH, O'Brien succeeded Frances Drolette, who left in October 2006 to become vice president for budget and planning at Brandeis University. Suzette Levenson ('84), who served as acting associate dean for administration and finance during the nationwide search, continues her career-long commitment to BUSPH as assistant dean for administration and finance.



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